

State of Wisconsin Department of Workforce Development Equal Rights Division Labor standards Bureau	<b>Complaint Under Business (Plant) Closing and Mass Layoff Law</b>			<u>Office Use Only</u>		
<b>NOTICE REQUIRED UNDER Section 15.04(1)(m), Wisconsin Statutes.</b> Authorization for this form is provided under Section 109.7(4)(a), Wisconsin Statutes. Completion of this form is voluntary. However, if you wish to file a complaint with the Equal Rights Division, you must submit a written document containing the information sought by this form. This information is used for the purpose of processing your complaint and maintaining the division's records. Personal information you provide may be used for secondary purposes. The provision of your social security number is voluntary. Failure to provide your social security number may result in an information processing delay.						
<ul style="list-style-type: none"> <li>• This law applies to businesses with 50 or more employees in the State of Wisconsin.</li> <li>• Businesses who employ fewer than 50 employees do not have to give notice of a business (plant) closing or other layoffs.</li> <li>• If the law applies, employers must give 60-day's advance notice of layoffs.</li> <li>• At least 25 employees (in some situations more) must be affected by the layoffs before notice is required.</li> <li>• For more detailed information, please refer to publication <a href="#">ERD-9006-P, "Employee Rights Under Wisconsin's Business (Plant) Closing and Mass Layoff Law."</a></li> </ul>						
<b>Please Type or Print In Black Ink All Applicable Information</b>						
<b>Complainant Information</b>				<b>Employer Information</b>		
Mr. _____ Print Your Name Ms. _____ Mrs. _____				Business Name		
Your Street Address				Business Street Address		
City	State	Zip Code		City	State	Zip Code
Date of Birth				County Name		
Social Security Number				Owner/Corporation Name		
Home Telephone Number (Include area code) (     )				Type Of Business		
Work Telephone Number (include area code) (     )				Business Telephone Number (Include area code) (     )		
<b>Employment Information</b>						
<input type="checkbox"/> I Have Been Laid Off By The Business		<input type="checkbox"/> I Am Soon To Be Laid Off /		<input type="checkbox"/> I Am The Highest Municipal Official		
<input type="checkbox"/> I Have Been Discharged By The Business		Discharged By The Business		<input type="checkbox"/> I Am A Union Representative		
Name Of The Wisconsin Employment Site Where The Business (Plant) Closing Or Mass Layoff Has Or Will Occur						
Street Address				City	State	Zip Code
Name of A Company Official To Contact For Further Information				Telephone Number		
<b>You Must Also Complete Page 2 Of This Form</b>						

What is the date of the business (plant) closing or the date you were laid off?				
What is the estimated number of employees this business employs in the State of Wisconsin?				
What is the estimated number of employees who lost their employment due to the business (plant) closing or mass layoff?				
Does the employer operate in any other location in Wisconsin? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, where?	
Did the closing or layoff affect all sites? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, which sites are still open?		
Did the employer give employees a written notice of the business (plant) closing or mass layoff? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, include a copy with this complaint</b>				If yes, date notice given?
Is there a call back date? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide the date?		
Has the employer filed for bankruptcy protection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		If yes, date filed?	Where Filed	Case Number
Is the employer in receivership under Ss 128, WI Statute? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		If yes, date filed?	Where Filed	Case Number
Is there a union representing the employees? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, Give The Name Of Union Local				
Street Address		City	State	Zip Code Telephone Number
Name Of Someone Who Does Not Live With You But Who Will Always Know How To Contact You				
Street Address		City	State	Zip Code Telephone Number
<b>Explanation Of The Complaint (Use extra sheets if necessary)</b>				
<b>The statements made above are true to the best of my knowledge. I understand if the employer wants to review this complaint, it is an open record.</b>				
Your Signature			Date Signed	
<p><b>Please return the completed Form and a copy of your W-2 Form to:</b></p> <p><b>DEPARTMENT OF WORKFORCE DEVELOPMENT</b>  <b>EQUAL RIGHTS DIVISION</b>  <b>LABOR STANDARDS BUREAU,</b>  <b>P.O. BOX 8928, MADISON, WI 53708</b></p>				
<b>If you have any questions call (608) 266-6860</b>				